

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 09 / 2016</b>	
Mailing Address <b>1110 Vermont Ave N.W. #300</b>		Amount <b>151500.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>B540177</b>
Purpose of Expenditure Persuasion Canvasses-Estimated Costs		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 09 / 2016</b>
Name of Federal Candidate <b>Rob Portman</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 09 / 2016</b>	
Mailing Address <b>1110 Vermont Ave N.W. #300</b>		Amount <b>151500.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>B601194</b>
Purpose of Expenditure Persuasion Canvasses-Estimated Costs		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 09 / 2016</b>
Name of Federal Candidate <b>Ted Strickland</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>303000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	<b>303000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 11 / 2016**

Signature